

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 06/084057 FILING DATE 10/16/00
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6						
7						
8		1				
9						
10						
11		1				
12						
13						
14						
15		1				
16	1					
17		1				
18						
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23			1			
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	20	2	2	2	2	2
TOTAL CLAIMS	31	2	2	2	2	2

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						